

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**



**Health Regulation  
& Licensing Administration**



November 5, 2007

Maxwell Asenso  
Executive Director  
Metro Homes, Inc.  
6856 Eastern Avenue, NW, Suite 214  
Washington, DC 20001

***RE: 5721 13<sup>th</sup> Street NW***

Dear Mr. Asenso:

On October 24, 2007 a monitoring survey was conducted to verify compliance with your plan of correction for deficiencies cited during the August 17, 2007 recertification survey. The monitoring survey resulted in a determination that your facility remained in compliance with the federal and licensure requirements.

Thank you for your cooperation during this monitoring visit. If you have any questions regarding this matter, please contact Sheila Pannell, Supervisory Health Services Program Specialist, Intermediate Care Facilities Division on (202) 442-5888.

Sincerely,

A handwritten signature in cursive script.

Patricia W. VanBuren  
Program Manager

cc: Medical Assistance Administration  
Department on Disability Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>09G181</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/24/2007</b>	
NAME OF PROVIDER OR SUPPLIER  <b>METRO HOMES</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>5721 13TH STREET, NW</b> <b>WASHINGTON, DC 20011</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	<b>INITIAL COMMENTS</b>  A follow-up visit to the annual recertification survey was conducted at the group home on October 24, 2007. Based on observation, interview with direct care and administrative staff, and the review of records, Metro Homes Intermediate Care Facility was determined to be have corrected the deficiencies cited during the August 17, 2007 survey. The facility was determined to be in substantial compliance with the regulations.			W 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____							

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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I 000	<b>INITIAL COMMENTS</b>  A follow-up visit to the annual relicensure survey was conducted at the GHMRP on October 24, 2007. Based on observation, interview with direct care and administrative staff, and the review of records, Metro Homes, Intermediate Care Facility was determined to have corrected the deficiencies cited during the August 17, 2007 survey. The GHMRP was in substantial compliance with Title 22 District of Columbia Municipal Regulations (Public Health and Medicine), Chapter 35.	I 000			

Health Regulation Administration

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1

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R 000	<b>INITIAL COMMENTS</b>  A follow-up visit to the annual relicensure survey was conducted at the GHMRP on October 24, 2007. Based on observation, interview with direct care and administrative staff, and the review of records, Metro Homes, Intermediate Care Facility was determined to have corrected the deficiencies cited during the August 17, 2007 survey. The GHMRP was in substantial compliance with Title 22 District of Columbia Municipal Regulations (Public Health and Medicine), Chapter 47.	R 000		

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